

12056

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

ADD 8 (1940)
Registration District No. 1194

Primary Registration District No. 5912

Registrar's No. 19

1. PLACE OF DEATH: Pike
 (a) County Pike
 (b) City or town Rural Cuivre Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days 163

8. (a) PRINT FULL NAME Leonard Christopher Oberdahlhoff
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 27 1869
 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Warren Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John W. Oberdahlhoff

13. Birthplace Washington Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Gertrude Geisler

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Looney Oberdahlhoff
 (b) Address Bowling Green Mo

17. (a) RURAL (b) Date thereof 3-21-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clement Cemetery

18. (a) Signature of funeral director Walter B. Pankel
 (b) Address Bowling Green, Mo
 19. (a) 3-19-40 (b) M. B. Summers
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike
 (c) City or town Bowling Green Rural Cuivre Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

20. DATE OF DEATH: Month 3-19-40 day _____
 year 8-30 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
Jan 10 th 1940, to 3-19-40, 19____;
 that I last saw him alive on 3-19-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder Duration _____

Due to 9 51

Other conditions Pyletis and Nephritis
 (Include pregnancy within 3 months of death)

Major findings: Of operations Ca. of Bladder
 Of autopsy no

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. H. Wilder (M. D. or other) _____
 Address Bowling Green Mo Date signed 3-20-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-40-725

Date Filed APR 2 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Grace Bonfaced

Licensed Embalmer No. 2204

P. O. Address Brewing Green St.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.